

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 0; font-size: small;">(to be used for all correspondence after initial filing)</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Application Number</td><td style="padding: 2px;">10/766,986</td></tr> <tr><td style="padding: 2px;">Filing Date</td><td style="padding: 2px;">December 24, 2003</td></tr> <tr><td style="padding: 2px;">First Named Inventor</td><td style="padding: 2px;">Akihiro MOCHIZUKI</td></tr> <tr><td style="padding: 2px;">Art Unit</td><td style="padding: 2px;">2871</td></tr> <tr><td style="padding: 2px;">Examiner Name</td><td style="padding: 2px;">A. M. Schechter</td></tr> <tr><td style="padding: 2px;">Attorney Docket Number</td><td style="padding: 2px;">350292001900</td></tr> </table>	Application Number	10/766,986	Filing Date	December 24, 2003	First Named Inventor	Akihiro MOCHIZUKI	Art Unit	2871	Examiner Name	A. M. Schechter	Attorney Docket Number	350292001900
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Total Number of Pages in This Submission	4													

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copies of IDS citations
<div style="border: 1px solid black; width: 100px; height: 20px; float: left; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Jonathan Bockman		
Date	October 27, 2008	Reg. No.	45,640